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Demand Reduction: Reducing the demand for illegal drugs in the United States

by

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A paper submitted to the Faculty of the Naval War College in partial satisfaction of the requirements of the Department of Joint Military Operations.

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Abstract

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Our nations' efforts to address the illegal drug problem has met with mixed reviews and by our government's admission, our demand for illegal drugs fuels the drug trade and has helped to create the current environment in Mexico. The policies of the United States over the last 40 years have been heavily focused on the supply reduction of illegal drugs. A much smaller percentage of effort has been focused on the reduction of the demand for illegal drugs. In order to support President Calderon and his fight with the cartels, the United States government must continue to adjust the annual National Drug Control Strategy to reduce the demand for illegal drugs. This paper reviews current policy and the issues associated with demand reduction. The paper goes on to make some recommendations on how the United States government can better adjust supply and demand reduction programs in order to make our current efforts more effective.

Introduction:

On the 26th of August, 2011, President Felipe Calderon declared three days of mourning for the victims of an attack on a casino in the northern city of Monterrey. The attack killed at least 52 people and was the work of a Mexican drug cartel. In a statement issued by President Calderon after the attack, he pointed to the demand for illegal drugs in the United States as a cause to the problems in Mexico with the cartels. He went on to request that the United States government take action regarding the demand for drugs, as well as the flow of illegal weapons entering Mexico from the United States. "We're neighbors, we're allies, we're friends, but you are also responsible," stated President Calderon. [1] President Calderon cracked down on the drug cartels when he took office in 2006, and the ensuing violence in Mexico has resulted in at least 42,000 people being killed. [2] Profits from the illegal drug trade in the United States have made the Mexican drug cartels a significant threat to the national stability of Mexico as well as a threat to the United States. To support President Calderon's fight with the cartels, the United States Government must adjust the current National Drug Control Strategy policy and associated actions to reduce the demand for illegal drugs through prevention, education and treatment.

The counter-narcotics policies of the United States are heavily focused on supply reduction activities, specifically on interdiction of drugs in transit zones and later on the eradication of illegal drugs in source countries. Only a small percentage of the effort in policy and money spent by the United States has been focused on our internal demand for illegal drugs and ways to reduce that demand. The purpose of this research paper is to

[1] Miguel Gutierrez, "Mexico's Calderon berates U.S. after casino attack," Reuters , (Aug 26, 2011), http://www.reuters.com/article/2011/08/26/us-mexico-crime-idUSTRE77O88V20110826
[2] Ibid

address how a national counter-narcotics policy which effectively addresses the reduction of the demand for illegal drugs in the United States through prevention, education and treatment can positively change the dynamics in the war on drugs on both sides of the border.

Counter Arguments and Background:

The United States has been mainly focused over the last 40 years on policies and actions addressing the reduction of illegal drug supply while paying much less attention and devoting far less in the way of resources to the demand reduction efforts. Politics and perceptions are a large part of why our patterns as a nation to solve this problem have remained consistent with negligible results. The counterarguments for being biased towards supply reduction efforts have much to do with 1) the political stance against the problem of illegal drugs perceived as being 'tough' will win an election or re-election for our politicians and 2) the illegal drug problem lies with someone else and not within our borders and our population and thus the problem is a supply issue.

The policies and resource expenditures of the United States during the war on drugs have been the focus of much political debate and subject to our election cycles every two to four years. The perception of being 'tough' on crime has been associated with counter-narcotics policies focused on law enforcement, enforcement of our national borders, interdiction and source country programs all designed to stem or stop the flow of illegal drugs entering the country or combating the drug networks inside the United States. "To support supply programs reflected a get tough approach whereas, the perception of demand

reduction efforts carried the stigma of a softer position on drug abuse." [3] From various readings, politicians who have focused on supply reduction as part of their platform for election or re-election are perceived to have been more successful in either achieving office or being re-elected. President Nixon stated that "When you run for office it is easy to gold plate your crime fighting credentials by giving in to the call for more law enforcement resources in the drug war."[4] The policies developed and implemented during the Nixon Administration were supply reduction focused, and initial success in the disruption of heroin coming into the United States justified the 65:35 balance in supply reduction versus demand reduction policy funding. [5]

The focus on policies and activities associated with the reduction of illegal drug supply persisted in both Republican and Democratic presidential administrations following President Nixon's time in office. Focusing policy as well as resource expenditure overwhelmingly on reducing or eliminating the illegal drug supply through activities outside of the United States, in transit zones and at the border, would become a consistent pattern over the next few decades. During the 1970s and 1980s, the major United States drug policy was conceived and enacted during election years so the positions held by politicians and the voting public's perceptions of our drug policies had an impact on the outcomes of these elections.[6]

[3] Barrett Peavie, "United States War on Drugs: Addicted to a Political Strategy of No End" (Masters diss., SAMS, Fort Leavenworth, KS, 2001), Pg 16
[4] Ibid, Pg. 16
[5] Ibid, Pg. 26
[6] Ibid, Pg. 17

By 1993, the Clinton administration concluded that interdiction efforts had not succeeded in slowing the flow of cocaine into the United States. [7] President Clinton stated that "A drug policy that doesn't have treatment at its core is ridiculous. What we are doing now can't work. The drug runners always find a way to get their stuff in [to the U.S.] because the profits are worth the risk." [8] With Democratic control of the House and the Senate, President Clinton tried to pass legislation as part of the 1994 "Hard Core Drug Treatment Initiative" that would have better balanced the nation's drug control strategy by including funding to reduce demand through treatment and rehabilitation programs.[9] The departure by President Clinton from the traditional hard line approach of being more focused on drug supply reduction towards a more balanced approach in demand reduction was met with great resistance by both political parties.

Demand reduction policies such as prevention, education and treatment suggest that the cause of the illegal drug problem is the demand for illegal drugs by the population of the United States and thus illegal drug use is a social or health-related issue versus a law enforcement issue. Support for demand reduction programs has been considered a 'softer' stance on the problem as it focuses on social programs. The Republican Party successfully led an attack on the 'Hard Core Drug Treatment Initiative' bill, labeling the Clinton Administration as 'soft' on crime, and modified it to remove the funding for these social programs. The political response and associated pressure of being labeled 'soft' resulted in a change in President Clinton's policy to one more focused on supply reduction activities. He

[7] Mathea Falco, "U.S. Drug Policy: Addicted to Failure," *Foreign Policy*, No. 102 (Spring 1996) pp.122-123, http://links.jstor.org/sici?sici=0015-7228%28199621%290%3A102%3C120%3AUSDPAT%3E2.0.CO%3B2-U
[8] Ibid, Pg. 20
[9] Barrett Peavie, "United States War on Drugs: Addicted to a Political Strategy of No End" (Masters diss., SAMS, Fort Leavenworth, KS, 2001), Pg 24

also cut resources critical to demand reduction programs. Additionally, "Congress cut funding for in-school drug education by reducing the Safe and Drug Free Schools Program budget for 1996 from $441 million to $200 million – less than one-sixth of the federal budget for interdiction."[10] President Clinton would overwhelmingly focus his administration's policies and resources on addressing supply reduction for the remainder of his presidency. By the end of President Clinton's second term in 2000, demand reduction programs received the lowest level of federal funding since the war on drugs started. [11] The focus on supply reduction programs and their same levels of funding would remain consistent throughout the Bush Administration's two terms.

The blame for the illegal drug problems in the United States has often been placed on problems outside of our country resulting in supply reduction focused policy and action in transit zones and source countries. We have pointed the finger at criminal networks in our own country as well as foreign non-state and state actors as the cause of our problems. Rarely have we looked with balance at our own demand for illegal drugs or the causes for demand within our society. Successful air and maritime interdiction efforts in the 1980s and 1990s between South American production zones and the United States made a huge impact on how drugs arrived into the United States. However, these activities did not stop or significantly slow the flow of drugs or their availability. As illegal drug smuggling routes from South America were heavily interdicted, the Colombian and Mexican cartels worked to move illegal drugs overland across Mexico and into the United States. As a result, the drug cartels in Mexico made more profits and gained more power as drugs from South America

[10] Mathea Falco, "U.S. Drug Policy: Addicted to Failure," *Foreign Policy*, No. 102 (Spring 1996) Pg.130, http://links.jstor.org/sici?sici=0015-7228%28199621%290%3A102%3C120%3AUSDPAT%3E2.0.CO%3B2-U
[11] Barrett Peavie, "United States War on Drugs: Addicted to a Political Strategy of No End" (Masters diss., SAMS, Fort Leavenworth, KS, 2001), Pg 35

now entered Mexico and were transported to the land border with the United States for further distribution within the United States.

The supply reduction approach postulates that if the supply of drugs can be cut off, there would be no drug problem. If complete eradication of drugs cannot be achieved, then the associated rise in prices of drugs would deter use. "Blaming foreigners for America's recurring drug epidemics provides convenient if distant targets for public anger that might otherwise be directed at public officials." [12] Regardless of blame, supply reduction activities external to our borders, by themselves have only moved lines of smuggling and production zones to new locations to meet our nation's demand for illegal drugs and, in the case of Mexico, created more powerful drug cartels. The profit/reward versus risk ratio is too great on the reward side for the drug producers and distributors not to continue to adapt and supply the marketplace in the United States with illegal drugs.

In rebuttal to these counter-arguments, the heavily weighted supply-reduction policy the United States has pursued is flawed for several reasons:

- "Drugs can be grown almost anywhere – interdict or irradiate in one area, the drug production will move to another. Drug crop revenue is the mainstay of many poor countries. Source and transit country governments may be less than willing as they benefit from the drug economy."[13]
- "Annual drug demand continues to be fueled with what is making it into the country or being produced inside the United States (Marijuana, Meth, etc) – difficult if not impossible to stop the flow or severally restrict it."[14]

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[12] Mathea Falco, "U.S. Drug Policy: Addicted to Failure," *Foreign Policy*, No. 102 (Spring 1996) Pg.121, http://links.jstor.org/sici?sici=0015-7228%28199621%290%3A102%3C120%3AUSDPAT%3E2.0.CO%3B2-U

[13] Ibid, Pg. 126-128

[14] Mathea Falco, "U.S. Drug Policy: Addicted to Failure," *Foreign Policy*, No. 102 (Spring 1996) Pg.126-128, http://links.jstor.org/sici?sici=0015-7228%28199621%290%3A102%3C120%3AUSDPAT%3E2.0.CO%3B2-U

- "Price structure of the drug market "severely limits" the impact of interdiction and source-country programs – the retail price of drugs will only raise a fraction if the United States were able to severely cut the flow." [15]

Additionally, acknowledgement by senior Obama Administration officials that demand for illegal drugs by the population of the United States is the cause of this issue negates the argument that the problem is solely the blame of foreigners.

Demand Reduction:

"Demand reduction is supported by three interrelated pillars: 1) drug prevention and education; 2) drug treatment; and 3) drug enforcement/interdiction." [16] The United States has focused less on prevention, education and treatment than on supply reduction activities as previously discussed. The most current statistics available point to the demand for illegal drugs by the population in the United States as a significant part of the overall problem. The economic impact of illegal drugs to the nation was a cost of $193 billion in 2007.[17] Drug induced deaths are on the rise and exceed motor vehicle accidents as the leading cause of death.[18] Our demand for illegal drugs is a significant part of the problem.

Prevention and Education:

Research on adolescent brain development shows the value of focusing prevention on young people: those who reach the age of 21 without developing an addiction are very

[15] Mathea Falco, "U.S. Drug Policy: Addicted to Failure," *Foreign Policy*, No. 102 (Spring 1996) Pg.126-128, http://links.jstor.org/sici?sici=0015-7228%28199621%290%3A102%3C120%3AUSDPAT%3E2.0.CO%3B2-U
[16] International Task Force on Strategic Drug Policy, "A New Approach to Reduce Drug Demand," August 2006, Pg. 11, http://www.itfsdp.org/pdfs/maindoc.pdf
[17] Office of National Drug Control Policy, *2011 National Drug Control Strategy*,(Washington, DC: GPO, 2011), 1
[18] Ibid, Pg. 2

unlikely to do so afterwards.[19] "Young adults between the ages of 18 and 25 have the highest rates of current drug use at nearly 20 percent."[20] The education and drug prevention efforts for the population of young adults from ages 18-25 who are at most risk is critical. When effectively delivered early and with sustainment efforts, prevention and education can keep even high-risk populations from illegal drug initiation or addiction.[21]

Prevention is cost effective by its nature – drug abuse does not occur because it never starts. The 2010 National Drug Control Strategy states that "Preventing drug use before it begins is a cost-effective, common-sense approach to promoting safe and healthy communities."[22] The 2011 strategy goes on to state that "scientific evidence makes clear that drug prevention is the most cost-effective, common-sense approach to promoting safe and healthy communities."[23] However, prevention programs have not been universally successful for all intended audiences and "translating this uncontroversial principle into effective action has often been challenging." The policy also states that "…it has also been the case that many other poorly resourced, one-time prevention programs have been too limited in scope and too short in duration to make a substantial impact."[24] Successful prevention programs have some common characteristics as well as some common challenges.

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[19] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), Pg. 4
[20] Ibid, Pg. 2

[21] 2010 National Drug Control Strategy: Summary, at http://crimeinamerica.net/2010/05/13/2010-national-drug-control-strategy-summary/ (May 13, 2010)

[22] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 13
[23] Office of National Drug Control Policy, *2011 National Drug Control Strategy*,(Washington, DC: GPO, 2011), 4
[24] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 13

The ground floor for a "National Prevention System" is at the community level because this is where substance abuse is occurring and is the level at which the local problem should be best understood.[25] The Federal government provides grants for funding state and local drug prevention programs – the Federal government does not choose the prevention program for the lower levels of government.

> "Supported by Federal funds, the largest provider of local-level substance abuse prevention services are public schools, law enforcement organizations, and community organizations. Nearly 140,000 schools educate over 75,000,000 U.S. children with persistent messaging about safe and healthy lifestyles and not using drugs embedded within their health and family life curriculum. Police officers work closely with schools and community organizations to lend their unique perspective to prevention messaging. Community organizations forge partnerships and develop forums to deliver prevention messaging."[26]

The Community level has been identified as the level "best equipped to identify local drug problems, mobilize local resources and implement community-based action plans."[27]

Selecting the right program and delivery of that program to get the intended long term effect from the target audience is the difficulty in this bottom up plan. The cost of development for a new prevention program and, in some cases, proprietary licensing and the monetary cost of some programs result in most communities choosing an existing program that is federally approved which meets most of their needs. There are numerous prevention programs a community can choose and then request federal funding. This structure of local planning and federal funding allows a community to tailor its plans to the local version of the problem. This methodology can be fraught with pitfalls. Effective implementation of a

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[25] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 14

[26] Office of National Drug Control Policy, http://www.whitehouse.gov/ondcp/federally-funded-prevention-programs

[27] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 17

prevention program must address many issues. The most prevalent being correctly framing the problem, having quality of leadership for the program and fidelity of the prevention program's implementation. The leadership of a community must choose the prevention program it will implement, train those who will implement the program and then adjust as necessary to the changing conditions at the locality.

There is a variety of research available on the common characteristics of successful prevention programs. In one study, researchers identified nine principles associated with prevention programs that were further grouped into three "broad areas of prevention programming: program characteristics, matching programs to target population, and implementing and evaluating prevention programs." [28] Successful programs met the following principles: "programs (a) were comprehensive, (b) included varied teaching methods, (c) provided sufficient dosage, (d) were theory driven and (e) provided opportunities for positive relationships."[29] Unfortunately, most of the reviews available for prevention programs are based on self-reported data and lack clear measures of effectiveness and performance. Some other common trends in successful programs were careful design, good implementation and programs that "engage children and their environmental context are most likely to produce change."[30]

Given the number of programs, financial constraints and varied results in research, finding the best program can be a challenge. Developed in the 1980s, Project DARE is a program that has been widely marketed and adopted by approximately 50% of the school

[28] Maury Nation, et. al., "What Works in Prevention: Principles of Effective Prevention Programs." American Psycologist, June/July 2003 Pg. 450
[29] Ibid, Pg. 450
[30] Ibid, Pg 455

districts nationwide and continues to be heavily used. [31] The program is focused on students in the last few grades of elementary school and teaches students "the skill needed to recognize and resist social pressures to use drugs." [32] A research on Project DARE's effectiveness produced the following results:

- The magnitude of DARE's effectiveness on drug use was small (comparison of DARE with other programs for adolescents suggests greater effectiveness is possible with early adolescents).
- DARE may have delayed effects on drug use behaviors once a student reaches a higher grade. More research on this subject is required.
- The quality of teaching and how the course material is taught may provide a possible explanation for DARE's limited effectiveness.
- Traditional teaching style used by DARE has not shown to be as effective as an interactive teaching model (DARE has modified its core curriculum to introduce more student participation which may lead to greater effectiveness).[33]

The researchers stated that "DARE's limited influence on adolescent drug use behavior contrasts with the program's popularity and prevalence" and that "…DARE could be taking the place of other, more beneficial drug curricula that adolescents could be receiving." [34] It should be noted that the design of this research study could be flawed by the availability and quality of the data available for the meta-analysis of the DARE program.

In another study of universal "school-based" prevention programs, the findings "suggest that universal prevention programs can be effective for a range of youth along a continuum of risk."[35] The study found that the effects of the "Life Skills Training" (LST) program demonstrated positive behavioral effects including resistance to initiation with drugs

[31] Susan Ennett, et al., *"How Effective is Drug Abuse Resistance Education? A Meta-Analysis of Project DARE Outcome Evaluations."* American Journal of Public Health, Vol. 84, No. 9, September 1994, Pg. 1394
[32] Ibid, Pg. 1394
[33] Ibid, Pg. 1398-99
[34] Ibid, Pg. 1398-99
[35] Kenneth Griffen, et. al., *"Effectiveness of a Universal Drug Abuse Prevention Approach for Youth at High Risk for Substance Use Initiation."* Preventative Medicine, 36, (2003)

and follow-up research suggests positive effects for up to six years afterwards.[36] The quality of the individual instructors and their training highlight one of the biggest success factors determining how successful a prevention program will be implemented. [37]

Measuring the effects of prevention activities and the performance of programs is an area that is concerning. Given the limited grant money available to state and local governments for use in funding prevention and education programs, there really are no consistent measures to ensure that local programs are getting desired results. Each problem set is different. The approach each community "coalition" or government uses to address the problem of illegal drugs could be dramatically different. Since there are no 'cookie cutter' approaches to prevention, it makes the standardization of some basic measures of effectiveness and performance all the more important as we do not know if the money spent is a good investment or a waste of resources. The national goal for prevention as stated in the 2010 National Drug Control Strategy calls for "a 15% reduction rate of young drug users over 5 years and similar reductions in chronic drug use and drug related consequences."[38] The 2011 National Drug Control Strategy updates the nation's goals to 1) "curtailing illicit drug consumption in America" and 2) "improving the public health and public safety of the American people by reducing the consequences of drug abuse".[39] Each goal has several associated sub-goals requiring the reduction by percentage in the use and consequences of

[36] Kenneth Griffen, et. al., *"Effectiveness of a Universal Drug Abuse Prevention Approach for Youth at High Risk for Substance Use Initiation."* Preventative Medicine, 36, (2003)
[37] Ibid, Pg. 6
[38] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 1
[39] Office of National Drug Control Policy, *2011 National Drug Control Strategy*,(Washington, DC: GPO, 2011), 7

illegal drugs. [40] Without some standardization in measures of performance or effectiveness, it is not possible to measure progress or the lack of progress towards achievement of our national goals.

Treatment:

Successful demand reduction policies cannot rely solely on initial prevention and education. Treatment for drug addiction is not as glamorous as other prevention measures and politically, the commitment to provide drug addicts the resources required to get them off of drugs and reintegrated into society is not attractive either. Regardless, research acknowledges that treatment dollars are more cost effective than supply reduction dollars. In a 1994 RAND study on the demand for drugs, it was determined that the cost of reducing cocaine consumption by 1% would cost $34 million in treatment dollars and would equate approximately with the following figures in millions of dollars per year: source country control - $783, interdiction - $366, and domestic enforcement - $246. [41] Another study in the mid-1990s equated a similar ratio of dollars spent for treatment versus spent on supply reduction activities: "Specifically, $34 million invested into treatment reduces the annual cocaine use by the same amount as $366 million invested in interdiction or $783 million in source-country programs."[42] The cost in treatment dollars to other types of programs makes the price paid for treatment programs a bargain.

[40] Office of National Drug Control Policy, *2011 National Drug Control Strategy*,(Washington, DC: GPO, 2011), 7
[41] Peter Rydell and Susan Everingham, *"Controlling Cocaine: Supply Versus Demand Program*s", Santa Monica: RAND, 1994, Pg. 24
[42] Mathea Falco, "U.S. Drug Policy: Addicted to Failure," *Foreign Policy*, No. 102 (Spring 1996) pp.129, http://links.jstor.org/sici?sici=0015-7228%28199621%290%3A102%3C120%3AUSDPAT%3E2.0.CO%3B2-U

Despite the research and projected cost savings versus supply reduction programs, treatment has been a low priority for both state and federal spending. Funding for treatment and access to treatment has been a challenge. "In 1995, treatment represented only one-fifth of the more than $13 billion federal drug budget compared with one-quarter 10 years earlier, well before the cocaine epidemic created millions of new addicts. About 40 percent of the nation's drug addicts cannot get treatment due to inadequate funding for treatment facilities."[43] Current research studies by both the Federal government and private organizations have estimated that the "proportion of addicted individuals who receive specialty treatment is about 10 percent – lower than almost any other serious medical disorder in the United States population." [44] The 2010 National Drug Control Policy recognizes the issues in that "A healthcare environment in which care for substance abuse is adequately covered with public and private insurance programs is necessary."[45]

Recommendations:

In March of 2009, during a state visit to Mexico, Secretary of State Clinton stated that the U.S. policies and efforts to curb drug use and the flow of narcotics have not been sufficient. Secretary Clinton told the press at the start of her visit that "Our insatiable demand for illegal drugs fuels the drug trade [and that] clearly what we've been doing has not worked." [46] She went on to state that neither drug interdiction efforts nor reducing the demand for illegal drugs has been successful. Although there has been recent recognition in

[43] Mathea Falco, "U.S. Drug Policy: Addicted to Failure," *Foreign Policy*, No. 102 (Spring 1996) pp.129, http://links.jstor.org/sici?sici=0015-7228%28199621%290%3A102%3C120%3AUSDPAT%3E2.0.CO%3B2-U
[44] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 37
[45] Ibid, Pg.8
[46] Mary Beth Sheridan, "Clinton: U.S. Drug Policies Failed, Fueled Mexico's Drug War." March 26, 2009, http://www.washingtonpost.com/wp-dyn/content/article/2009/03/25/AR2009032501034.html

statements and policy by the Obama Administration that demand reduction policies and programs have merit in the overall solution to this problem, our national politics still seem to reward supply reduction policies and practices. Looking at funding for each type of activity alone is telling in that the percentage of funds expended for supply and demand reduction have remained relatively consistent for decades. Overcoming the stigma of being 'soft' and balancing the policy and resource expenditure of our nation on effective demand reduction initiatives appears to be the way forward from what has amounted to failed policy overly focused on supply reduction since the start of the war on drugs.

The last two years of National Drug Control Strategy reflect a shift in verbiage from the standard supply reduction focus to a broader approach. President Obama has directed the ONDCP to expand policies to include and better integrate prevention, treatment and law enforcement efforts which will more effectively reduce demand in the United States for drugs. In President Obama's cover letter for the 2010 policy, he states that the current environment calls for a new direction in drug policy. The strategy includes "educating young people who are most at risk", "allocates unprecedented funding for treatment efforts" and "reinvigorates drug courts and other criminal justice innovations and strengthens our enforcement efforts." [47] The funding for prevention during the last decade has been relatively consistent between 10-12% of the annual budget for the Nation's Drug Control Strategy. Funding for prevention is projected to rise by 8% in 2012.[48] However, the ratio of spending on supply versus demand reduction programs has remained relatively consistent

[47] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), iii
[48] Office of National Drug Control Policy website at http://www.whitehouse.gov/ondcp

over the last four decades at about a ratio of 65:35 funding on supply versus demand reduction programs.[49]

Based on this research, the following are recommendations for the future of United States Drug Control Policy:

1. Goals for supply and demand reduction efforts set by each Presidential Administration should be linked to effective measures of performance (MOP) and measures of effectiveness (MOE) from federal to local levels so the strategy can be assessed and adjusted to meet established goals. The annual ONDCP report to Congress should be a discussion regarding the progress or lack of progress made toward each goal based on acceptable MOP/MOEs. The overwhelming trend is to set goals but then fail to measure progress with realistic measures. Our government must be more far sighted in setting goals and measuring progress.
2. The entire problem must be framed holistically in order to adjust the national strategy in an effective manner. The balance of policy, resources and activities between supply reduction and demand reduction may be correct, just not effective. It is possible, that our national programs are in need of further balance and may not be appropriately focused. Without understanding the complete problem, it is difficult to develop appropriate solutions.
3. Enact a system of accountability for Federal grants that allow for the review of how well prevention programs are being implemented. The "fidelity" of prevention program implementation directly correlates with the overall effectiveness and longevity of effects

[49] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 109

of prevention programs. If proven prevention programs are not implemented well, the result is a waste of resources. Accountability and government oversight is required to ensure that resources spent are achieving the desired effects.

4. The Federal government must fix the healthcare system so that insurance covers treatment and rehabilitation programs for adults as the problem is highlighted in the 2010 and 2011 National Drug Control Strategy. Federal, state, and local governments need to ensure that treatment for drug addicts is available and that any barriers to access for treatment are removed.
5. Use of the information domain is lacking. Government officials at all levels need to use the information domain effectively to educate the public on the threat that illegal drugs present in each community. Effectively informing the community and in particular, informing parents, can re-enforce prevention efforts with children, adolescents and young adults. This will also give the population of the United States some increased ownership for the illegal drug problem.
6. Inform the population of the United States regarding the results of their drug use on the population in Mexico. The violence and suffering in Mexico and other countries as a result of our drug demand is often back page news here in the United States. The strong language in the 2010 and 2011 National Drug Control Strategy documents and comments made by government representatives such as Secretary Clinton have never made the national impact that they should have in order to make a difference in our demand. The President should address this problem in his State of the Union address or other prominent forum and continue to update the population on progress or challenges.

Conclusion:

It is only recently that members of the United States government have publically recognized that the demand for illegal drugs in the United States is the root cause. According to the 2010 National Drug Control Strategy, 8,000 Americans consume illegal drugs for the first time each day, approximately 20 million Americans are users of illegal drugs and 7.6 million have a "diagnosable drug abuse disorder".[50] Our national demand for illegal drugs is the area where the United States has spent the least amount of effort in the war on drugs up until now. Reducing demand for illegal drugs is one of many ways that may change dynamics in Mexico for the cartels and make them more vulnerable to action by the Government of Mexico. Demand reduction activities can certainly help if they are effective and resourced. The response to the illegal drug problem must be looked at holistically between supply reduction and demand reduction activities and policy.

> "Demand reduction efforts cannot lead to success without substantially reducing illicit drug supply: if drugs are readily available and easily accessible, new drug users will soon replace former ones. At the same time, there is evidence that elimination of a given drug from the market does not mean the elimination of the drug problem but only a shift towards other drugs or substances of abuse. Consequently, without efforts to reduce illicit drug demand actions aimed at reducing drug supply will lead to only temporary successes."[51]

Supply and demand reduction activities balanced effectively can make drugs less available while reducing the demand for them.

On 22 September 2011, President Calderon addressed the General Assembly at the United Nations. President Calderon called on the United Nations to combat organized crime

[50] U.S. Office of National Drug Control Policy: National Drug Control Strategy, 2010 (Washington D.C.) Pg. 5
[51] International Narcotics Control Board, "Recommendations by the Intl Drug Control Board: Drug Demand Reduction," Pg. 3, http://www.incb.org/pdf/e/ga/incb-ddr.pdf

and illegal weapons trafficking. He also took the opportunity to criticize the United States "for its role in the recent violence in Mexico, pointing to the insatiable U.S. demand for drugs, citing that it is the world's largest consumer for illegal narcotics."[52] The Obama administration has acknowledged that the American demand for drugs, profits from its associated market and illegal weapons moving south across the border and into the hands of the Mexican cartels has made the Mexican government's fight tough. "We must recognize that the causes of the drug problem are primarily within the United States".[53] The United States can greatly assist the Government of Mexico in its fight with the cartels by finding effective ways to decrease the demand for illegal drugs in our own country. This includes ensuring that the programs the United States currently funds are effective. Eventually, positive change in the reduction of demand for illegal drugs in the United States may provide the needed maneuver space for the Government of Mexico in their war with the cartels.

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[52] S. Marie, "CALDERÓN TO THE UN, US: STOP ARMS TRAFFICKING AND DECREASE DRUG DEMAND," Justice in Mexico Project, September 2011, http://justiceinmexico.org/2011/09/22/calderon-to-the-un-us-stop-arms-trafficking-and-decrease-drug-demand/

[53] Office of National Drug Control Policy, *2010 National Drug Control Strategy*,(Washington, DC: GPO, 2010), 8

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